PTO/SB/22 (12-04) Approved for use through 7/31/2006. OMB 0651-0031

Under the Pagerwork Reduct	tion Act of 1995, no persons are required	U.S. Patent and d to respond to a collection	Trademark Office; U.S	S. DEPARTMENT OF COM displays a valid OMB control	IMERCE I number
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional)		
FY 2005			204372000902		
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			-n	11	
Application Number 10/705,618			Filed November 10, 2003		
For THERAPEUTIC AMENDED)	PROPERTIES OF LIPOSOM	IE-ENCAPSULATE	ED IMMUNOMOD	ULATORS (AS	
Art Unit 1643			Examiner D. Humphrey		
identified application.	the provisions of 37 CFR 1.13				
The requested extension	n and fee are as follows (che	ck time period desi	red and enter the	appropriate fee belov	w):
		<u>Fee</u>	Small Entity F		
One month	(37 CFR 1.17(a)(1))	\$120	\$60	\$	_
X Two months	s (37 CFR 1.17(a)(2))	\$450	\$225	\$. 225.0)0_
Three mont	ths (37 CFR 1.17(a)(3))	\$1020	\$510	\$	
Four month	ns (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
Five months	s (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
X Applicant claims	small entity status. See 37 C	CFR 1 27			
A check in the amount of the fee is enclosed.					
Payment by credit card. Form PTO-2038 is attached.					
The Director has	already been authorized to d	harge fees in this a	application to a De	sposit Account.	
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952 have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.					it, to
I am thea	pplicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
attorney or agent of record. Registration Number			r		
attorney or agent under 37 CFR 1.34.					
Registration number if acting under 37 CFR 1.34			45,193	· ·	
Grenda Wallack			M	lay 25, 2006	
Signature				Date Date	_
	Brenda J. Wallach			58) 720-7961	
Typed or printed name			Tele	Telephone Number	
NOTE: Signatures of all the than one signature is require	inventors or assignees of record of the ϵ ed, see below.	entire interest or their repre	esentative(s) are require	d. Submit multiple forms if m	iore
X Total of	1 forms are submit	tted.			

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